S	
<u>/03</u>	
0	

UTILITY GPATENT APPLICATION **TRANSMITTAL**

First Named Inventor or Application Identifier

Lars-Berno Fredriksso;

Title

DEVIC IN A SYSTEM OPERATING A CAN-PROTOCOL AND IN A CONTRO AND/OR SUPERVISION SYSTEM

260/071

Express Mail Label No.

Attorney Docket No.

_	== m							
	TOTAL Y TO	r new	nonprovisiona	l applications	under	37	C.F.R.	1.53(b)
_								
	שי ≣≣							

	Ter north							
APPLICATION	I ELEMENTS		Commissioner for Patents ADDRESS TO: Box Applications Washington, D.C. 20231					
i. DELETION OF II Signed stateme named in the pr 1.63(d)(2) and	[Total Page forth below] Invention Idea Applications of Special Specia	9. PA 10 11 12 3(d)) 13 14 nventor(s) 15	Nucleotide and Submission (iii) a. Computer iii CD-RC iii. paper c. Statements ACCOMPAN Assignment paper GE FOR ASSIGNEE IN (when there is 1) English Translation Di Statement (IDS) Preliminary An XI Return Receipt (Should be specified copy of the foreign priority.	A/Or Amino Acid Sector of applicable, all neces of applicable of applicab	quence essary) (a) (b) (c) (c) (c) (d) (d) (es) (d) (es) (d) (es) (es) (es) (es) (es) (es) (es) (es			
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Data Sh								
	17.	CORRESPONDENC	E ADDRESS					
□ Customer Number or Bar Code Label (Insert Customer No. of Attach bar code Tabel here) or □ correspondence address below								
NAME Connolly Bove Lodge & Hutz LLP								
ADDRESS	Suite 800							
CITY	Washington	STATE	DC	ZIP CODE	20036-3425			
COUNTRY	IISA	TELEDHONE	(202) 331 7111	FAV	(202) 202 (220			

				Fee Calculatio	n <u>and Trans</u>	mittai	_		
	(Col 1)		(Col 2)	(Col 3)	SMA	LL ENTITY		NON	SMALL ENTITY
	NO. FILED	1 [NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	17	minus	20	= 0	x9=	\$0		x18=	\$
INDEP	1	minus	3	= 0	x40=	\$0		x80=	\$
_ First Presentation, Multiple Dependent Claims					+135=	\$0		+270=	\$
		Base I	Filing Fee			\$355			\$710
Other Fee (sp	ecify purpose)					\$0			\$
TOTAL FILING FEE* (accounting for possible small entity status)						\$355	OR	TOTAL	\$

A check in the amount of \$355.00 to cover the filing fee is enclosed No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted. The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.							
	Charge the amount of \$_ as filing fee Credit any overpayment. Charge any additional filing fees required under 37 CFR § 1.16 Charge any additional filing fees required under 37 CFR § 1.17 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.						

Assignee Name and address:

Name (Print/Type)	George R. Pettit	Registration No. (Attorne	ey/Agent)	27,369
Signature	Kemplet		Date	5/03/201